TIFFANY (L. McL.)

The Expediency of Operating at one Sitting upon the Bladder and Kidney, with Report of a Case in which the Double Operation Was Done.

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THE EXPEDIENCY OF OPERATING AT ONE SITTING UPON THE BLADDER AND KIDNEY, WITH REPORT OF A CASE IN WHICH THE DOUBLE OPERATION WAS DONE.

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The necessity for several operations upon the urinary organs of one person does not often arise, and the following case recently in my care has been so suggestive as to warrant record.

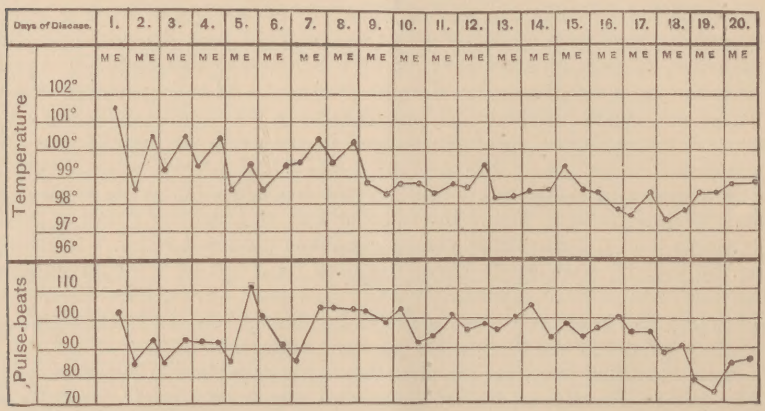
J. B., male, white, aged fifty-six years, usual weight 150 pounds, now much lighter, was seen by me in June, 1889, and gave the following history: In 1884 he had an attack of what was called kidney colic by the physician in attendance; in March, 1887, he began to pass water frequently, then pain over the pubes was noticed, and discomfort in the perineum, especially after driving or other active exercise; in April, 1888, the calls to pass water were so frequent and so imperative that a rubber urinal was obtained and has since then been continually worn by day. A white deposit has been noticed in the urine during the past few months. Discomfort in the region of the left short ribs was noticed in March and still continues. The patient has often found his urine suddenly to cease flowing before the bladder had emptied itself, and on such occasions with a soft-rubber catheter he has obtained relief. Washing out the bladder with warm water has been tried but without advantage. Dryness of the mouth, especially for the past month or two, has been very annoying, and there is a clear history of exacerbations and remissions in intensity of symptoms during the past six months.

J. B. consulted me first at my office: his complexion was pasty, his pulse 100 to the minute, he sat down, and rose from a chair carefully so as to avoid jarring. I at once sounded, striking a stone not of large size nor of hard consistence. A lump painful on handling could be made out in the region of the left kidney by examination from in front; pain was elicited by pressure along the course of the left ureter. The patient was sent home, kept quiet, the bowels as well as the diet were regulated, and the urine examined. This latter was in fair amount, was alkaline and contained much pus, but one specimen, obtained the second day after coming under observation, was tolerably clear and distinctly acid. No casts were found, but they may have been masked by pus. Stone in the bladder and abscess in the left kidney were evident; I thought it probable that the right kidney was fairly healthy else the urine obtained as stated above would not have been so acid.

J. B. was sent into a private room at the University Hospital that he should be continuously under observation. During four days the temperature varied between 99° and 102° F., and other symptoms were not

more favorable; so on the fifth day I opened the kidney through the usual incision in the loin, evacuating an ounce or so of pus, and then removed a stone by lateral lithotomy from the bladder. The kidney parenchyma where incised was about one-quarter of an inch thick; I attempted ineffectually to pass a soft instrument into the bladder from the abscess cavity along the ureter.

A good deal of shock followed the double operation; the same evening, however, the pulse was 112, and the temperature 99.5° Fahr. All went well for a week, when diarrhœa began, with irritable stomach and diminished secretion of urine. Dr. I. E. Atkinson, who saw the patient with me, suggested uncooked egg albumen as nourishment, so I ordered treatment and food as follows: white of egg ℥jss with blackberry brandy ℥ss every hour; Tinct. digitalis ♏v hypodermatically every four hours; an enema of starch-water q. s., with Tinct. opii deodor. gtt. xxx after each passage. Nothing else save crushed ice by the mouth was given. Improvement was shortly evident, the enemata were discontinued, then the digitalis; the egg and brandy was continued for ten days, when a more liberal diet was gradually permitted. A drainage tube was worn in the kidney wound for fifteen days; rapid healing followed its removal. The perineal wound was quite healed in less than three weeks. The patient went to the country four weeks after the double operation.



He is now (November, 1889) well and able to attend to the usual matters claiming his attention. Both wounds are closed by normal painless scars; the urine, which is passed in a full stream, is acid, sp. gr. 1022, and contains no pus.

The case related in the foregoing history differs from the usual run, and the question is properly raised, whether it is best to operate, as was done here, upon both diseased organs at one time, or whether they should be attacked consecutively? Furthermore, it will not be without profit to consider what method should be resorted to for the removal of the stone from the bladder under similar circumstances, for it goes without saying that the kidney required incision.

There is a history clearly pointing to the gradual undermining of the patient's constitution, owing to the presence of a urinary calculus, with the usual local suffering, progressively increasing in intensity. Latterly there were periods of fever at irregular intervals, with slightly chilly sensations occasionally, not amounting to rigors but yet pronounced enough to attract the patient's attention. Now, if there is one thing more clear than another in the surgery of the urinary organs, it is that such a set of symptoms coincident with the presence of a stone in the bladder, is to be translated as indicating the subjection of new areas of kidney territory to inflammation, transmitted probably along the ureter from the bladder, each pyrexial period meaning advance, the inflammation having a tendency to pass into suppuration. Thus I was prepared to find pus, and believe that there was suppuration in the kidney pelvis, possibly, but certainly in the kidney substance, a pyramid perhaps, which gave rise to the increase in unfavorable symptoms just before I was consulted. I was therefore in presence of a case of suppurative pyelonephritis, a form of surgical kidney in which general septicæmia is liable to be induced by any operation upon the urinary tract.

The condition of the bladder was of course evident; the stone was probably phosphatic, to judge by sounding, and rectal touch showed the prostate to be not enlarged. I carefully examined the right kidney, making out that it did not seem to be increased in size and that handling gave no pain. The course of the right ureter was not tender. I could not with certainty obtain urine from the right kidney unmixed with that from the left for examination, but as one specimen of urine, already referred to, differed from specimens obtained at all other times, I inclined to the belief that the inflamed left ureter had been temporarily stopped, and that the acid and somewhat clear urine came from a comparatively healthy right kidney. As one healthy kidney is enough for all practical purposes, my patient's outlook was now rather favorable and an operation seemed proper.

Opening the kidney would leave an inflamed bladder containing a stone with the usual suffering, while regurgitation of pus and urine through the dilated ureter and lumbar wound would be likely. On the other hand, to remove the stone from the bladder and leave a suppurating kidney would run serious risk of general sepsis. In this dilemma there came to me the idea of doing both operations at one sitting, in this way relieving both organs and giving them rest.

The proper method for the removal of the stone from the bladder now demanded consideration.

That the age of the patient was fifty-six, the stone phosphatic, the urethra capacious, the bladder able to hold several ounces of fluid and the prostate normal, were all conditions favorable to litholapaxy; in favor of perineal lithotomy was the rapidity of the operation, the com-

plete removal of stone and absolute rest for the bladder, with excellent drainage. To this must be added my belief that a bladder at rest and draining freely would better agree with a suppurating kidney than would an inflamed bladder frequently contracting to expel its contents; in other words, free cutting followed by free drainage and complete rest was the treatment to be followed out. The result of this reasoning has been already stated.

So favorable has been the outcome of the double operation that I am inclined to think that nephrotomy may be resorted to as a means of preventing the occurrence of diffuse suppuration. In the case related the formation of multiple renal abscesses might well have been expected if the bladder only had been operated on and the kidney neglected, yet after free nephrotomy no such untoward event took place. Elsewhere in the body diffuse suppuration is treated by free cutting to relieve tension and afford an exit for exudation; why not apply the same rule to the kidney, laying open the capsule and gland tissue so as to prevent the access of inflammatory or septic trouble?

I recall to mind a case of urethral stricture of twenty years' duration. I explored the urethra and bladder for diagnosis; the patient, a male, had a severe rigor and died in three days. Post-mortem I found several acute abscesses in one kidney. I wonder if a free nephrotomy at the time of the bladder exploration would not have been of use to my patient.

I recall another case of malignant growth in a bladder; I did a suprapubic cystotomy, finding the orifice of the left ureter almost occluded. The growth was scraped away and my patient died in five days. Post-mortem I found many acute abscesses in the left kidney and a phlebitis which had commenced in the same organ. Again I wonder if free nephrotomy at the time of the cystotomy would not have prevented the diffuse kidney inflammation and pyæmia. With my present experience I cannot avoid thinking that nephrotomy would have been of use in both of the above cases, which were undoubtedly instances of surgical kidney, probably unilateral, diffuse kidney suppuration and pyæmia being lighted up by operations on the distal urinary tract.

It seems to me, therefore, that in long-standing disease of the urinary organs, such as is liable to induce that clinical condition entitled surgical kidney, where it becomes necessary to operate upon the bladder or urethra, that it becomes the duty of the surgeon to investigate the condition of the kidneys, and if there be found present such a state of affairs as is liable to induce diffuse suppuration, or multiple renal abscesses, then at the time of the urethral or bladder operation it may be proper also to perform nephrotomy.

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